

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09782466 | FILING DATE 02-20-01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	15	1	1	1	1	1
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS						